

City of Dover
Sewer Department
PO Box 115
Dover, ID 83825-0115
Tel: (208) 265-8339
Fax: (208) 265-9035

For Office Use Only

Acct. No. _____

Property Owner: _____

Service Address: _____

Parcel No. _____

**CITY OF DOVER
SEWER USER AGREEMENT**

USER INFORMATION

Property Owner ("User"): _____

Address For Property Served ("Property"): _____

Billing Address: _____

Phone: _____

Cell: _____

Email: _____

Check box if User is outside City limit

SIGNATURES

By the signature here, the User acknowledges receipt of a full copy of the Sewer User Agreement Terms and Conditions which is attached here as Exhibit A, has reviewed the document and accepts the terms and conditions therein.

USER:

Signed: _____

Dated: _____

Note: The property owner must sign this agreement as the property owner is responsible for sewer service and sewer charges.

CITY:

Signed: _____

Dated: _____